

MARGIN RESERVED FOR BINDING

N. B. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STANDARD CERTIFICATE OF DEATH

Arizona State Board of Health
BUREAU OF VITAL STATISTICS

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1. PLACE OF DEATH
County Maricopa State ARIZONA Registered No. 160
Township _____ or Village _____
City Mesa No. _____ St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred 51 yrs. 11 mos. 21 ds. How long in U. S. if of foreign birth? 51 yrs. 11 mos. 21 ds.
2. FULL NAME Lorenzo M. Cutler How long in State when death occurred? 51 yrs. 11 mos. 21 ds.
(a) Residence: No. Mesa, Ariz. St. _____ Ward _____
(Usual place of abode) (If not resident give city, town and state)

PERSONAL AND STATISTICAL PARTICULARS
3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word) Married
6a. If married, widowed, or divorced
HUSBAND of Mettie Cutler
(or) WIFE of _____
6. DATE OF BIRTH (month, day, and year) Jan. 21, 1860
7. AGE Years 79 Months 10 Days 17 If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Training
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____
12. BIRTHPLACE (city or town) Griffin City
(State or Country) Utah
13. NAME Sheldon B. Cutler
14. BIRTHPLACE (city or town) New York
(State or Country) _____
15. MAIDEN NAME Sarah White
16. BIRTHPLACE (city or town) New York
(State or Country) _____
17. INFORMANT Ms. Mettie Cutler
(Address) Mesa, Ariz.
18. BURIAL, CREMATION, OR REMOVAL
Place Mesa, Ariz. Date 12/10/39
19. EMBALMER { License No. _____
Signature R. J. Daybell
FUNERAL DIRECTOR Weldrum Mortuary
Address Mesa, Ariz.
20. Filed 12/11 1939 Sheldon B. Cutler
Registrar

MEDICAL CERTIFICATE OF DEATH
21. DATE OF DEATH (month, day, and year) Dec. 8, 1939
22. I HEREBY CERTIFY, That I attended deceased from 11-21, 1939, to 12-8, 1939
I last saw him alive on 12-8, 1939; death is said to have occurred on the date stated above, at 5 p.m.
The principal cause of death and related causes of importance were as follows:
Heart failure
Central Nervous System
Date of Onset 12-8-39
Other contributory causes of importance: _____
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____
23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____
(Specify city or town, county and State)
Specify whether injury occurred in industry, in home, or in public place. _____
Manner of injury _____
Nature of injury _____
24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) Sheldon B. Cutler M. D.
(Address) Mesa, Ariz.